

**Catastrophic Personal Illness/Injury Bank
Contribution Form**

(Any election made on this sheet will take effect on September 1st)

Date _____

Name _____

Hire Date (MM/YYYY) _____

Participating:

I wish to contribute 1 day (2 days for employees in the first two years of participation) to the Catastrophic Personal Illness/Injury Bank. I understand that my contribution to the bank allows me to become eligible for the benefits outlined in the Catastrophic Personal Illness/Injury Leave Bank Policy. I also understand that my participation will be ongoing from year to year unless I notify the Business Manager in writing on or before August 31st of my desire to discontinue with the program by completing a new form declining participation.

Employee Signature

Not Participating:

I wish to decline participation in the Catastrophic Personal Illness/Injury Bank

Employee Signature

Each year you have the
option to change your election for the program
by completing a new form however,
all catastrophic contribution forms must be
received in the District Office by **August 31st** or
previous year's selection
applies.